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ORIGINAL ARTICLES.

Myxœdema.

G. P. MARNER, M.D.

Read before the Kansas State Medical Society, at Atchison, May 4, 1894.

I wish to invite your attention for a few minutes to that curious disease known as myxœdema.

Dr. Mackenzie stated to his class that one might be in busy practice for many years without meeting with a single case. But I am sure that this fact will make the subject none the less interesting, as the disease may be met with anywhere.

The discovery that the disease can be cured by the administration of the thyroid gland of the sheep, places a new light upon it, and makes it the more worthy of our study.

Some knowledge of this disease was first imparted in a paper written by Sir Wm. Gull. His paper, however, attracted very little attention until some years afterward, when Dr. Ord, of St. Thomas' Hospital, called the attention of the profession to myxœdema as being the morbid condition which Sir Wm. Gull described. He named the disease myxœdema because a mucus-yielding œdema was the chief noticeable condition.

Dr. Kocher afterward related that when he had removed the thyroid gland from patients suffering from goitre, there had ensued a condition characterized by œdema of the skin, slow gait, loss of memory, followed by all the symptoms of a well-marked case of myxœdema. He named the condition "Cachexia Strumipreva." Since then we have become familiar with the disease largely through the transactions of the Clinical Society of London. This society formed a committee to investigate and report upon the subject. The committee made a special report in 1888 tabulating 109 cases, a part of which I here quote, viz.:

"That myxœdema is a distinct disease which is commonest in middle age, and afflicts women oftener than men in the proportion of 6 to 1; that the one condition common to all cases is a destructive change of the thyroid gland, of which the most common form consists in the substitution of a delicate fibrillar tissue for the proper glandular structure of the thyroid; that the full analysis of the removal of the thyroid gland in man demonstrates, in a large proportion of cases, that the subsequent development of symptoms corresponds exactly with those of myxœdema; that in case where the operation is followed by no such symptoms, the immunity is probably due to the presence and subsequent development of accessory thyroid glands, or to the incomplete removal of the thyroid, or to insufficiently long observation of the patient after the operation; that whereas in spontaneous cretinism women are more often affected than men, in the operative form no important difference has been observed; that myxœdema in adults is the same as sporadic cretinism in children, and that myxœdema is identical with cachexia strumipreva, a close affinity existing between the former and endemic cretinism; that while these several conditions appear to depend upon loss of function or destruction of the thyroid gland, the ultimate cause of such loss or destruction is at present not evident."

Later on Dr. Lemon argued that loss of

function of the thyroid gland was the causitive factor in myxœdema, cachexia strumipreva and cretinism. Still later, Victor Horsley experimented upon animals by the removal of the thyroid gland, and demonstrated that loss of its function was the cause of the symptom found in myxœdema and chachexia strumipreva; and by changing the mode of experimentation, he obtained strong evidence that cretinism was but a more chronic form of the condition.

Cretinism is a disease which is confined to certain localities, more particularly to the Alps. so that it has been named the "Alpine disease." Dr. Ranny states in one of his lectures on nervous diseases, "that the deformities of face and intellect, which seems to be the result of residence in special atmospheric conditions, or of certain well defined localities, are illustrated in that race of people found in Valois and the adjoining cantons of Switzerland called 'cretins.' Many of these wretches are incapable, according to Watson, of articulate speech; some are blind, some are deaf, and some suffer from all these privations. They are mostly dwarfish in stature, with large heads, wide, vacant features, goggle eyes, short, crooked limbs, and swollen bellies. The worst of them are insensible to the decencies of nature, and in no class of mortals is the impress of humanity so pitiably defaced. They are usually the descendants of parents afflicted with goitre."

Cretinism is, I believe, not known, except possibly by accident, away from certain localities. Goitre is, however, found more or less everywhere, and is not an uncommon disease. But of the dozen or more cases of myxœdema which have been reported in this country and England, whose history I have been able to obtain, there is no family history of goitre, so that we must look for other causes than residence in certain well defined localities and descendance from parents who were afflicted with goitre. That myxœdema, cachexia strumipreva (operative myxœdema) and cretinism, sporadic and endemic, are different species of the same germs and due to loss of function of the thyroid gland, there can be no doubt. But what destroyed the function of the gland in these cases found away from these localities? In a case occurring in my practice, and in those the history of which I have read, there was a diminution in the size of the gland. In some cases it could not be felt at all. In other words, there was an inactive gland. The disease is invariably associated with atrophy of the thyroid gland, but what causes this atrophy is, I believe, at present, not known.

The disease is no bar to pregnancy. It is stated that there is an amelioration of the disease during pregnancy, which Dr. Mackenzie thinks is due to the thyroid of the fœtus supplying, for a time, the place of the mother's, the benefit naturally terminating with delivery.

The distinct histological changes of this disease are, I believe, limited to the skin and thyroid, which I will not attempt to describe.

When the malady is fully developed there is considerable increase in the weight and bulk of the body, and the general appearance of these patients is strikingly alike.

In giving a description of the disease I cannot do better than to take a case which fell into my hands last December, which I think is very nearly a typical one.

Mrs. M., of Marion, Kas.; age 38; married; has no children; father died of consumption; mother living and well; sisters and brothers all healthy. With the exception of an attack of pneumonia patient never has been sick, except with the trouble for which she presented herself. She stated that her disease developed gradually, beginning about ten years ago. The first she noticed was pain in the region of the heart, which sometimes extended to the left shoulder, and a peculiar cutting pain in the arms when doing work. Her skin became dry and non-perspiring. The disease slowly progressed and she began to increase in weight until last December, when she presented a sad appearance indeed. There was the characteristic "full moon face," swollen or puffy eyelids, the root of the nose broad, and the cheeks were puffy and full and presented a pink flush, or the socalled "high flush"; lips thick, the tongue broad and thick, and

speech was very difficult and monotonous. The hands were very clumsy, and, as she expressed it, "the fingers were all thumbs." In fact, there was swelling in the entire body, face and extremities. Swelling did not pit on pressure. The skin of the face and body was dry, rough and scaly, and she had the sensation of cold most of the time. The temperature was sub-normal, about 97°, pulse slow, soft and weak, about 65. She had little or no appetite, eating being almost a burden. Could stand no exertion; had to be assisted up and down stairs, and when laying in one position for any length of time had to be assisted to turn; was a continuous burden to herself and husband. Hair was dry and crisp but was not falling out. Gums and teeth were not affected. Menses normal. Urine nearly normal—no albumen. The thyroid gland could not be felt. She had a peculiar topling gait. She is very intelligent, but her mental condition was somewhat affected. She was slow in thought, and her memory was somewhat treacherous; has not been subject to hallucinations except a few times, when she thought she saw a snake when entering a dark closet, and at one time saw a snake lying by her side in bed, when in fact it was simply a braid of her own hair.

A few minutes conversation with this patient convinced one that she was afflicted with no ordinary disease. I think that there is very little danger of mistaking myxœdema with any other disease, except it should be with some renal disorder. In myxœdema the urine is normal, or nearly so, and the swelling does not pit and is boggy.

Up to 1890 no treatment for myxœdema worth mentioning was known. The first suggestion for a rational treatment was brought forward by Horsley, who noticed improvement to follow the transplantation of a portion of the thyroid gland of the sheep in persons afflicted with myxœdema. It was thought that the permanency of the relief was due to vitalization of the transplanted gland, but the immediate improvement which was noticed to follow was, no doubt, due to the absorption of the elements of the gland.

In 1891, G. R. Murray, (*British Medical Jouraal*, October 2, 1891,) suggested that a thyroid juice be given hypodermically. This mode of treatment was followed with good results, but was objectional in that occasionally an abscess followed. In 1892 Mackenzie discovered that he could get equally good results by feeding the patient the fresh thyroid gland. In the fall of the same year he suggested a dried powder, which a pharmaceutist of St. Thomas' Hospital prepared for him; one powder being the equivalent of one-sixth of a whole thyroid gland.

This method of administering the drug seems to possess all the advantages of the former ones, and has none of the objections.

Let me give the history of a case treated by this method by Dr. Davies, of London. I give it in his language: Ada B., aged 45, has been under my observation for seven years. The disease in her case has been certainly of about ten years duration. She presented all the typical features of myxœdema. She had been a very active woman, but had become slower in thought and action. The special senses of smell and taste and hearing have been affected. She presented the marked characteristic hebetude, lemon-tinted skin of forehead, pearly eyelids, and thickening of the alæ nasi; root of nose broad, tongue dry and flabby, and teeth loose; mucous membrane of the interior of the cheeks thickened, voice slow and monotonous, no fullness above the clavicles; thyroid not felt; pulse 60, regular; skin of hands dry and scaly; temperature sub-normal; urine sp. gr. 1020, trace of albumen; patellar reflex absent. The patient had gastric fever at 18 years of age. Both parents alive and well; one maternal uncle died of consumption. Her condition steadily became worse, until November 17, 1892. I began giving her the thyroid powder. Her weight was then 197 pounds. She at first took the powders every other day, and then each day. There has been a most notable improvement in her condition in every respect. Her weight has fallen by more than 56 pounds in 15 weeks, and is now (March 13) 147 pounds. She can now sing and read

aloud, which she has not done for years. She is much more active, feels warmer, her face has become natural in aspect, and has lost the characteristic flush.

On the first day of last January I began the treatment of Mrs. M., whose history I have already given. She weighed on that day 170 pounds. She began by taking a capsule once a day that contained five gr. of a dried thyroid extract, made by Parke, Davis & Co., 15 grains of which contain the equivalent of one gland. She soon felt the effect of the drug, and on the fourth day her husband declared that he could see a marked change in her face, the puffiness of the lower eyelids being not near so marked. On the fifth day she complained of a soreness in the muscles, especially in those of the arms. Urine scanty and strongly acid, causing considerable smarting on passing. This condition was promptly relieved by a few doses of potass. acetatis. After this the urine was abundant and gave her no further trouble. At the end of the first week she had lost six pounds. She commenced complaining of being very tired, the soreness increased, she could not sleep, temperature rose to 98°, pulse to 92, and in a few days run up to 112 per minute. It was evident that the dose was too large, so she was directed to miss a capsule every other day, which she did for one week, when she again took one every day until the first day of February, when she was found to weigh 145 pounds, and had the appearance of being at least five years younger. About this time the hands and feet desquamated completely, the old coarse cuticle being replaced by a soft skin. After this date she took four capsules a week, and is now (April 28) taking two a week. From the beginning of the treatment she improved rapidly in every respect. She now weighs (April 28) 150 pounds. All her dresses had to be refitted on account of the diminution of her bodily bulk, and in place of the coarse, swollen features, thick tongue, slow, monotonous speech and complete helplessness, we now see her bright and active, quick in speech, and able to stand ordinary exertion; her transformation being so great that her intimate friends can scarcely recognize her.

It remains to be seen whether the apparent cure obtained in these cases will be permanent. Should it not be the temporary improvement is such that we are justified in trying the treatment. It seems that should the treatment result in the restoration of the function of the thyroid gland, whatever that may be, then the cure would be permanent. If not, then of course the symptoms would return. But we can instruct our patient to take the drug sufficiently often to prevent the return.

New Treatment for Toothache.

Medical Record.

Mr. Main Nichol, in a communication to the *Dental Record*, advocates some new remedies for the various forms of pain familiar to most persons under the above heading. The dull, constant aching due to periosteal inflammation is, he thinks, more effectually relieved by means of a comparatively fresh aconite leaf than by the tincture of aconite, the former having greater strength and more persistent action. The gum over the inflamed root being dried, a piece of the leaf of suitable size is cut, and this is simply pressed into place, where, as a rule, it will remain as long as a capsicum plaster. Leaves may be kept moist in a tin box with a tight-fitting lid, in the interior of which is a damp sponge. In pyorrhœa alveolaris a common symptom is an intense itching, almost akin to pain and perhaps more intolerable, provoking a constant desire to rub the gums. This pruritus, probably the result of the chronic gingivitis, is homologous to eczema, and readily disappears with the employment of one of the essential oils, notably that of peppermint, used as a mouth wash or tooth-brush tincture. Where pulps are acutely inflamed, Mr. Nichol advocates the heroic treatment of drilling into them with the dental engine, and maintains that the relief obtained more than compensates for the pain of the operation. Perhaps it does; but it must surely be rare to find a patient willing a second time to submit to a similar proceeding without an anæsthetic.

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Unitarianism in Medicine.

The general trend of the profession is toward a more liberal construction of the Code of Ethics. This is particularly manifest in the present general demand for a revision of that section of the code referring to consultations. The committee of the State Society to whom this matter was referred have recommended the adoption of the following:

"No intelligent practitioner who has a license to practice from some medical board of known and acknowledged legal authority and who is in good moral and professional standing in the place in which he resides, should be refused consultation when it is requested by the patient."

This is much more in harmony with the general feeling of the profession. If there be a superiority in either of the schools of medicine it can best be shown in an honest competition. We boast that the regular physician bases his practice upon a broad foundation which excludes no system and no agent of known remedial value. If there is any system of practice, which by sufficient experience is demonstrated to be of value, it should not be excluded from the teaching of medical schools. If *similia similibus curantur* possesses any of the merits claimed for it by its adherents, it is not inconsistent with the liberal minded teaching of the regular schools to incorporate it as a part of their instruction.

We hope the time may come when every medical school in the land will embrace in its teaching all systems of medicine and the standard of competency will be a thorough knowledge; when exclusive systems will be condemned by public as well as professional opinion, and practitioners of medicine will be known as Physicians rather than as Regulars, Homeopaths and Eclectics.

With the wonderful advances made in the last decade the science of medicine has reached a period when all theories, no matter how visionary, may be accepted for what, upon careful investigation, they may prove to be worth. The regular schools cannot suffer by the greatest amount of liberality, and the others would certainly be benefited in that their knowlecge and practice of medicine would be broader.

No conception of professional ethics, however, can excuse the endorsement of secrecy in methods of treatment or in the preparation of medicines, and we regret that the committee has altered that part of the code referring to this matter. Every physician has or may receive the benefit of the investigations of the most learned members of the profession for ages past, and in return for benefits greater than he can ever repay justice demands the free contribution of the result of his labors to the science of medicine.

There is a limit to the amount of advertising which will be of benefit to any physician, and strict rules of ethics not more than one's own judgment should dictate what is

legitimate and honorable. The announcement of a special line of work on a card or sign is but an accommodation to the public, and often of benefit to those in general practice.

Broad-minded men, men of learning, long experience and superior skill derive the greatest benefits, not from promiscuous advertising but from strict attention to duty. No amount of advertising can produce these qualities where they do not exist, not even in the minds of the laity.

Regulation of Vice and Prevention of Disease.

In those cities where a license has been granted to houses of ill-fame and a compulsory examination of the inmates provided for, there has been no appreciable effect upon the prevalence of venereal diseases. Inmates of such institutions, since that is their business, are more likely to be kept in a healthy condition than are the "street walkers" and others who sustain illicit intercourse, who are responsible to no one and are unrecognized by the police or the public. It is impossible to reach this class by any of the legal restrictions that have been adopted so far. It has been suggested that physicians be made to report all cases of venereal disease coming under their care, but such a regulation would naturally prevent those afflicted from seeking the advice of a physician as long as possible. Considering all circumstances this really seems the most reliable means for preventing the spread of these diseases. Men who frequent bawdy houses are careless about the publicity of their actions; but as a rule men who are careful of their reputation and take advantage of promiscuous proposals on account of the secrecy, would hardly run the risk of having their names registered as suffering from venereal disease.

It is unfortunate but true that a great many cases of syphilis develop after marriage, and restrictions placed upon matrimony would reach only those parties whose affliction antedated their marriage. Husbands are not all true to family ties, neither are wives, and it is to these families that the largest per cent. of hereditary syphilis may be traced. Compulsory registration of syphilitic cases would, we believe, have a very strong tendency toward preventing this promiscuous exposure by those whose family ties should demand abstinence. A record of this kind would also be of value as a reference when there is a doubt as to the existence of hereditary disease. Complete eradication of the disease is from the present conditions of society an impossibility.

Society Meeting.

The Northwest Kansas Medical Association will meet in Wakeeney June 5, 1894, at 10 o'clock A.M. This is a comparatively new organization and deserves the support of the profession. Its members are active and earnest in the work.

The following interesting program has been arranged for the next meeting:

"Cholera Infantum"—Dr. J. W. Tulles. Discussion—Drs. W. J. McDonald, J. H. Middlekauff.

"Lithotomy"—Dr. A. B. Jones. Discussion—Drs. G. B. Snyder, S. E. Sheldon.

"Infantile Dietetics"—Dr. C. W. Bobo. Discussion—Drs. C. W. Winslow, W. R. Griffin.

"Rheumatism"—Dr. J. W. Norris. Discussion—Drs. F. O. Brainard, W. E. McVey.

"Five Leading Therapeutical Agents"—Dr. J. N. T. Taylor. Discussion—Drs. J. N. Page, M. Tulles.

"Pneumonia"—Dr. Charles Hammond. Discussion—Drs. L. J. Lyman, J. E. Vanderpool.

THE laxity of quarantine regulations at Atchison is beginning to alarm neighboring cities. Several new cases are reported, and it seems that a more complete isolation of the cases should be enforced.

Presentation of Specimen.

From Proceedings of Obstetrical Society of Cincinnati.

DR. REED: I have a specimen which has long ago lost its novelty to this society, and which I present only because it has some value in connection with the associated circumstances of the case. It is an ovary with the tube attached which I removed this morning. The patient was a woman who, four years ago, had an attack of what the medical men in attendance called idiopathic peritonitis. It was characterized by chills, the temperature rising and falling, and all the clinical phenomena of abscess. Two years later she had another attack, which kept her in bed several weeks. She was successfully treated by large doses of opium, and got well after having a number of subcutaneous abscesses lanced. The doctor said her blood ran down under the influence of the peritonitis, and it gave rise to boils. I was called to see her last Summer; I found on the left side of her pelvis a large mass. I found her under most distressing circumstances. The temperature at that time was about 103°; she had a rigor; there was no diffused tenderness but a great deal of intrapelvic tenderness. There had been death in her family, and certain things made it almost impossible for her to have surgical attendance at the time; the Pan-American Medical College was about to assemble, and all these things prompted me to do something I had never done in any other case, but which I did in this case. I tapped it through the wall of the vagina, and took off nearly four ounces of the pus. She recovered in the course of two days, and was sitting up and taking on flesh, and when I returned early in the autumn she seemed to have fully recovered, and I failed on examination to find any tumefaction in the pelvis, and she thought she was well; but as a matter of candor I told her it would probably recur. A few weeks ago she again returned, and I found the abscess present again. She wanted it again tapped, but I refused, telling her we had temporized long enough, and I was only inviting her to a fatal neglect if I continued. I was prompted to retire from this case. She seemed to have some serious inflamation, but the drainage taken every three-quarters of an hour at present is less than a drachm. So much for that side. What about the other side? I explored the other side and found an ovary adherent; I found a fallopian tube adherent at its fimbria, but not entirely occluded. I raised that ovary, brought it into view, found it was apparently healthy so far as the parenchymatous structure was concerned; that it was surrounded by some diseased tissue, which I removed, and I dusted its surface with aristol, and dropped it back. I think by using aristol readhesion is prevented. I operated in this way because the patient is a young woman, exceedingly anxious to have children, in whose life the element of maternity is an exceedingly important one, and who prayed me if there was a possibility of leaving that function intact to do so. Whether she will ever realize her hopes I do not know, and what will become of this operation I do not know, but Martin has placed on record some cases in favor of this conservatism. I mention this case more for the conservative treatment of the organs on the other side.

DR. BONIFIELD: I have seen Martin return the ovaries after incising and examining them. He amputates the end of the tube and sews the peritoneum to the mucous membrane. He always sponges the parts with olive oil to prevent adhesions when inflammatory changes have occluded the fimbriated extremity of an otherwise normal tube.

DR. ZINKE: I have been very much interested in the case reported because of my recent experience with two similar cases. In both instances I have been obliged to stitch the tumor to the abdominal wound, and after evacuation of the contents fill the sac with iodoform gauze. The last case is still under treatment, and will recover; the first one died of sepsis one week after operation. In the former case, operated upon a week ago to-day, I found, besides the abscess of the ovary, what I regarded to be a tubal

pregnancy, and subsequent microscopic examination confirmed this view. After ligating the tube, the product of conception (one month) was turned out. The abscess of the ovary, involving the broad ligament, and because of the strong adhesions existing, could not be liberated from its site. It was then stitched to the lower angle of the wound, incised, the pus evacuated, and the cavity packed with iodoform gauze. No trouble arose from the locality of ectopic gestation. The difficulties attending the operative treatment of these cases must be apparent to every one, and not unfrequently the most skilled and experienced surgeon will be baffled in his efforts to succeed. The doctor is to be congratulated in succeeding so well. To be able to lift an ovary like that from its seat is a most fortunate circumstance.

DR. C. D. PALMER: If I can recall the case Dr. Zinke refers to, it was one of ovaritis and chronic pelvic peritonitis, in which I extirpated the ovaries. I have never experienced so much difficulty in taking out the ovaries as I did in that case; I do not know the duration of the operation, but I think it must have been over an hour. That woman did not recover promptly, but was very slow in recovering, and menstruated right straight along with perfect regularity for months afterward. I was then contemplating making another abdominal section in that case when my injury occurred. While I was recovering from that injury, this case was operated upon again by another, and the woman died. What he found I do not know, but I imagine the reason that woman menstruated was because, in my efforts to extirpate one of the ovaries, I did not extirpate all of it, and possibly left some of the ovarian stroma.

DR. REED: Have you ever seen a third ovary?

DR. PALMER: I never have; I believe they have been found about eight times in 350 autopsies by Beigel.

THE membership of the State Society does not exceed 300. It should be more than a thousand. It is surprising that with the number of well posted, active, intellectual practitioners there are in the state, that there should be so few to take an interest in our state organization. Topeka has always been the most favorable meeting place, and especially so in regard to the acquisition of new members. We hope the number may reach at least 500 next year.

Acute and Tolerant Stages in Heart Disease and Their Treatment.

Prof. Potain (Gaz. degli Hosp. e delle Cliniche, 1894; XV; p. 294).

The author distinguishes three periods in the evolution of the numerous combinations constituting "heart disease": (1) The initial period, or the stage of the primitive affection; (2) the period of tolerance, or the latent stage; (3) the period of secondary disturbances, called by the author "cardiarchy"—the multiple and varying affections in consequence of the primitive lesion of the heart.

1. Cardiac lesions arise in various ways. Certain acute infectious diseases may give rise to pericardiac inflammation; or vitiated nutrition may produce sclerosis or degeneration in diverse parts of the heart; or there may exist spasmodic contractions of the small vessels of one or the other side of the heart; or, finally, there may be atrophy of the walls.

2. When the initial acute affection has terminated, the consequences of the inflammatory process may have disappeared so completely as to leave no trace; when the the disease may be considered as cured. They may, however, in less fortunate conditions, persist in the form of valvular or chronic myocardiac alterations. The manifestations of the acute stage having passed away, the disease generally enters the stage of tolerance, in which it becomes more or less latent. The heart is undoubtedly not in normal condition, as revealed by auscultation; but the cardiac muscle can, nevertheless, functionate freely and regularly.

3. The stage of tolerance gives way to multiple circulatory disorders, variable functional disturbances, and secondary alterations.

In the acute period—when careful examination reveals the first indications of valvular myocardiac or pericardiac inflammation—local or general intervention becomes necessary. The local treatment may consist in applying wet cups, or, if these be not at hand, leeches over the precordial region. The former are considered preferable, since their application is more rapid, exposes the patient less to "cold," and allows an exact limitation of the quantity of extracted blood. After this local blood-letting, a sufficiently large blister (8-10 cm. [3 1-5–4 in.] in diameter) should be applied, and covered with oiled silk to prevent the absorption of the vesicating principle of cantharides, and eventual bladder trouble. At least one day should intervene between these applications. When the disease begins to recede, the vesicants may be replaced by iodine applications in the form of the tinctures, iodized cotton, or iodine ointment.

In the initial stage of the disease, the internal treatment may consist in administering calomel—50 ctg. (7½ grs.) per dose—as a purgative, to be followed by special medication, as the case may indicate. For instance, in rheumatic endocarditis, the author recommends sodium salicylate; if the endocarditis originates from some gouty affection, he prefers colchicum tincture, in fractional doses, increased to the limit of tolerance; in other cases, especially in typhoid fever or the grippe, he lauds quinine sulphate.

The acute period of endocarditis is not habitually accompanied with any marked disturbance of the cardiac rythm. The irregularity and the sometimes excessive frequency of the heart-beats call for the use of cardiacs—as digitalis, particularly in arythmia and tachycardia, caffeine in weak heart and acute dilatation of the organ, and strophanthus in marked precordial oppression.

The patient must remain in bed. Feeble persons should be supported by vigorous milk diet, provided there be no absolute intolerance; and the milk (taken in doses of ½ liter [1 pint] per day) does not, it is stated, give rise to gastric disturbances, as a rule. Mild soporifics may be prescribed. The slightest cause of mental excitement should be avoided.

As regards treatment in the stage of tolerance, the author proposes: (1) To maintain tolerance by preserving the patient's general health and removing all possible cause of disturbance; (2) to confine the cardiac myopathy within its limits as well as possible, having the patient follow an occupation beneficial to his health.

The causes of disturbances to be avoided are: Diseases capable of bringing-on a new attack of endocarditis or myocarditis; energetic muscular exertion excessively stimulating circulation; imprudence of diet; stimulant beverages; mental agitation, and sexual excitation.

When the patient has reached the convalescent stage, his functions are more or less altered and weakened. Corpulent persons are advised by the author to use the socalled Swedish gymnastics, with due regard for the patient's power of endurance as to muscular activity, walking, etc.

Phenacetine and Salol in Crystitis and Urethritis.

J. W. Daniel, Houston, Texas, in The Times and Register.

For some time past I have been using the following prescription, or a modified form of it, in acute and chronic cystitis and urethritis both in the primary and more advanced stages of the disease:

℞

Salol	grs. 3
Phenacetine	gr. 1
Ext. pichi	grs. 3
Para balsam	grs. 5

The good results which have followed the administration of salol in certain conditions involving the urinary organs have long been recognized by the profession, and hence will need no comment here.

Phenacetine is added for its analgesic and antiphlogistic properties as well as for its well-known antipyretic and antirheumatic effects. In the ordinary stages of cystitis and in gonorrhea during the inflammatory stages of the disease, the above combination has a charming effect.

In the administration of salol and phenacetine in gonorrhea we in many instances anticipate one of the most painful complications of the disease, gonorrheal rheumatism, and by administering these well-known antirheumatic remedies in advance of its possible outbreak, avoid this very painful and many times obstinate condition. In pichi we have a never failing remedy for cystitis, both in the acute and chronic form.

It acts equally well in the primary and more advanced stages of gonorrhea in doses of one-half to one drachm of the fluid extract every three hours, or in the combination above suggested. Should you elect to give the fluid extract, then I would suggest that it be evaporated to the consistency of honey and administered in capsules on account of its extremely nauseous taste. I have treated many cases of gonorrhea with the pichi alone with uniformly good results. A case I recall on account of its very painful nature came to me recently during the acute stage of the disease, this condition rendered more painful by the use of irritating injections suggested by friends of the patient—some of those wonderful three-day cures which are so efficient until they have been used. The penis was very much swollen, the meatus everted and highly inflamed, with great tenderness along the entire urinary passage. Micturition was difficult and painful, his water passing drop by drop. There was considerable fever, and he was nervous and restless.

I directed flannels wrung out of hot water to be applied to the parts constantly, frequently changing so as to insure a uniform degree of heat. I administered fld. ext. pichi in drachm doses every three hours and gave one-third grain morphia subcutaneously.

This quieted the restlessness and relieved the pain, securing several hours sleep. In 24 hours the inflammatory conditions had so far subsided as to allow the patient to pass his water in a moderately full stream with but very little pain; the fever abated and he had a good night's rest. Two days after—that is the third day from the administration of the pichi—the discharge, which had been profuse and streaked with blood, became thin and watery and on the sixth day ceased entirely. After the eighth day the medicine was discontinued and there was no further trouble. No other drug was given in the case. Injections were not resorted to at all.

Para balsam is an old remedy, antedating history so to speak. That it is a good one in diseases complicating the urinary apparatus is proven by the tenacity with which the profession has stuck to it; but for its disagreeable effects on the stomach it would stand par excellence the remedy for specific urethritis. In this combination salol seems to modify these effects on the stomach, or else the do es are so small that the patient does not notice them.

When, however, I find my patient complaining of tasting the balsam from eructation, following the administration of the drug, I add a drop of the oil of cinnamon to the prescription, which completely masks the balsam.

THE fake item which appeared in the local papers in regard to the probable removal of Dr. McCasey from the asylum, seems to have been entirely originated in the mind of a discharged employe. We understand from good authority that no charges were preferred, and no investigations were made.

FOR Bronchitis—

℞

Creosote.
Terpine.
Iodoform, aa ℥ ss.

M—Pills No. XXX.

Sig: One pill t. i. d.

Novel Treatment of Fracture.

Maryland Medical Journal.

Cases of delayed bony union have long since been treated in this country by cutting down on the seat of fracture and wiring or screwing the broken parts together. Now, Mr. Arbuthnot Lane (*British Medical Journal*) advocates in these days of bold, antiseptic surgery, to cut down on every oblique fracture of the leg, expose the fragments, bring them into accurate apposition, drill holes and fasten by steel screws. He says there is immediate relief of pain by this method, absence of tension and discomfort due to extravasation of blood into the tissues, and shortening of the period of treatment. He asserts that this is especially to be recommended in the laboring man, to whom time is money. He does not tell us what becomes of the steel screws.

Surgical Uses of Cocaine.

Medical and Surgical Reporter, April 14, 1894.

Dr. B. Merrill Ricketts has employed cocaine in an extensive variety of operations, and offers the following practical maxims as to its method of application:

1. Solutions should not be made except at time of operation.

2. Cold water solutions will add materially to the good effects of the cocaine.

3. An operator should accustom himself to but one kind of cocaine and confine himself to the use of that kind as he does chloroform.

4. The operator should prepare the solution himself, and not entrust it to an assistant.

5. Only small amounts should be used, especially in the young, the old, and in highly nervous persons.

6. Small quantities should be used in operations upon the face, head and neck.

7. Operations should be made as soon as possible after the area has become anæsthetised that as much as possible of the solution may escape through the wound and thus not enter the general circulation.

8. The finest needle should be used, and its length should be sufficient to traverse the line of incision intra-cutaneously with but one puncture.

9. Intra-cutaneous and not subcutaneous injections should be made, because there is less of the drug absorbed and because there is no pain to result from cutting tissue beneath the integument.

10. The nearer the injection is to the end of the member the less is the amount of absorption.

11. The prepuce, fingers, toes, hands and feet can be constricted in such a way as to prevent to a considerable degree the entrance of the solution into the general circulation.

Chlorinated Lime in Pruritus Ani.

The Times and Register.

A. L. Berger (*Zemsky Vratch*, No. 13, 1893, p. 213) speaks well of the treatment of pruritus ani by inserting into the orifice (for about 1 inch) a piece of cotton wool soaked in liquor calcis chlorinatæ. When slight burning or smarting is felt, the plug should be extracted, and the anal region washed out with the same lotion, after which the parts should be left to dry spontaneously. The itching is said to vanish instantaneously while after a few applications of the remedy any accompanying symptoms (such as swelling, eczematoid rash of the perineum and scrotum, etc.) also disappear.

Infection and the Communion Cup.

Medical Record.

A correspondent writes: "Your timely warning on 'Infection and the Communion Cup,' in your issue of May 5, is of interest to both clergy and laity. There seems to

be no reason (after the consecration of both elements) why the bread or wafer should not be moistened with the wine, dried, and reserved for future administration; or I would suggest for those who desire to communicate in two forms, that a small quantity of wine be inclosed in soft gelatine capsules fashioned in the form of grapes, or in gelatinized tablets of unleavened bread, which could be handed the communicant from the chalice at the proper time. The latter would be in better taste than 'the small individual tumblers' used at Rochester."

A Method of Assuaging Thirst in Diabetes.

The Times and Register.

Any method calculated to assuage the torturing thirst to which so many diabetics are subject is worthy of consideratian. *La Medicine Moderne* tells us that the intolerable craving for food which is so characteristic of the sugar disease may be lessened by the judicious exhibition of pilocarpine. One milligramme (about 1-60 of a grain) of this substance administered in the form of a pill—with glycerine and gum to make the mass—at the rate of not more than five or six pills per diem is to be recommended. Pilocarpine may also be administered for the purpose in view in the form of an aqueous solution, thus:

℞	Gram.
Aq. destill.....	8
Alcohol (40 deg.).....	4
Pilocarp. nitr.....	48

S.—The tongue to be moistened with five or six drops of this mixture four or five times a day.

Nerve Suturing.

International Medical Magazine.

DeForest Willard relates an account of a series of interesting experiments on nerve suture and the degeneration and regeneration of divided nerves. After studying the clinical and microscopical appearances, he reaches the following conclusions:

1. Functional restoration is possible.

2. The closer the opposition the more speedy and complete will be the restoration.

3. Union is accomplished chiefly by the reaching out and development of nerve fibre from the divided proximal end, these fibres pushing their way across the connecting link of fibrous tissue. The fin like projection of these fibres is marked in each case.

4. Engrafted nerve tissue or flaps cut from the nerve may serve as a frame work for new tissue, or may produce embryonic nerve fibres capable of assisting in re-union.

Thyroid Extract.

One of the latest applications of thyroid is in the treatment of obstinate and tertiary syphilides. It is said to induce marked desquamation and healthy action of the skin. During its administration it is advised that all mercurial treatment be stopped and dependence placed upon the thyroid alone—except, of course, such as may be had through appropriate tonics and nourishing dietary.

WE are informed that Dr. Emory Lanphear, of Kansas City, has accepted a chair in the College of Physicians and Surgeons of St. Louis, and will move to that city.

EVERY paper read at the last meeting of the State Society is now in the hands of the publishing committee. The papers will be published with the full discussion.

THE excavation for the new Santa Fe Hospital is being rapidly completed. The building will be an imposing one, and a credit to Topeka.